

406

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Caroline</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
<u>X</u> TOWN <u>Federalsburg - Rural</u>		<u>6 years</u>		TOWN <u>Federalsburg - Rural</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Hurlock Road</u>				STREET ADDRESS (If rural give location) <u>Hurlock Road</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
<u>Mattie Madeline Callender</u>				<u>January 16 1956</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Female</u>	<u>White</u>	<u>Widowed</u>	<u>March 29, 1870</u>	<u>85</u> yrs.	Months	Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housework</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>None</u>		11. BIRTHPLACE (State or foreign country): <u>Cambra, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Henry Wolfe</u>				14. MOTHER'S MAIDEN NAME: <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>		17. INFORMANT & ADDRESS: <u>Mrs. George R. Huff, Federalsburg, Md.</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>422.2 Chronic Myocarditis</u>				<u>5 yrs</u>			
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u>260.2</u>							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Mild Diabetes mellitus Moderate Hypertension</u>				<u>15 yrs</u> <u>15 yrs</u>			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 12, 1955</u> to <u>1/16, 1956</u> , that I last saw the deceased alive on <u>1/16, 1956</u> , and that death occurred at <u>5:30 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Frank M. Anderson</u>		M. D. <u>Federalsburg, Maryland</u>		DATE SIGNED <u>1/17/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Removal</u>		DATE THEREOF <u>Jan. 19, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Pine Grove Cemetery</u>		LOCATION (City, town, or county) (State) <u>Huntington Mills, Pa.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <u>Margaret H. Frampton</u>		24. FUNERAL DIRECTOR <u>J.J. Frampton and Son, Federalsburg, Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 19 1956

RECEIVED

407
CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Caroline</i>		MARYLAND		STATE <i>Maryland</i> COUNTY <i>Caroline</i>			
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Federalburg - Rural</i>			
X TOWN <i>Federalburg - Rural</i>		3 years		STREET ADDRESS (If rural give location) <i>Houston Branch Road</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Houston Branch Road</i>							
3. NAME OF DECEASED: (Type or Print)		(First) <i>Mary</i>		(Middle) <i>Ivy</i>		(Last) <i>Curray</i>	
4. DATE (Month) (Day) (Year) OF DEATH: <i>January 26 1956</i>							
5. SEX: <i>Female</i>	6. COLOR OR RACE: <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED: <i>Married</i>	8. DATE OF BIRTH: <i>March 19, 1894</i>	9. AGE last birthday: <i>61</i> yrs.	IF UNDER 1 YEAR: Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Housework</i>		10B. KIND OF BUSINESS OR INDUSTRY: <i>Home</i>		11. BIRTHPLACE (State or foreign country): <i>Buchester County, Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME: <i>Henry C. Spore</i>				14. MOTHER'S MAIDEN NAME: <i>Matilda Figgs</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.): <i>No</i> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.: <i>270-12-0156</i>		17. INFORMANT & ADDRESS: <i>Oscar C. Curray, Federalburg, Md. R.F.O.</i>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
260X IMMEDIATE CAUSE (A) <i>Heart Failure (Adams - Stokes)</i>						2-3 min.	
ANTECEDENT CAUSE (B) <i>Arteriosclerotic Cardiovascular Dis</i>						10 yrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <i>Diabetes</i>						14 yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Pyelonephritis</i>						2-3 yrs.	
19A. DATE OF OPERATION: <i>0</i>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>6-10</i> , 1955 to <i>1-14</i> , 1956 that I last saw the deceased alive on <i>1-14</i> , 1956, and that death occurred at <i>7:30 A.M.</i> , from the causes and on the date stated above.							
SIGNATURE <i>R.C. Kingsbury</i>		M.D. <i>Federalburg</i>		DATE SIGNED <i>1-28-56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>Jan. 29, 1956</i>		NAME OF CEMETERY OR CREMATORY <i>Three Crest Cemetery</i>		LOCATION (City, town, or county) (State) <i>Federalburg, Maryland</i>	
DATE REC'D BY LOCAL REGISTRAR <i>January 28, 1956</i>		REGISTRAR'S SIGNATURE <i>Margaret H. Frampton</i>		24. FUNERAL DIRECTOR <i>J.J. Frampton</i>		ADDRESS <i>Md. Son, Federalburg, Md.</i>	

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. B.

FEB 1 1956

RECEIVED

408

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH: COUNTY <u>Caroline</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Goldshoro</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>New York</u> COUNTY <u>Unknown</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>New York</u> STREET ADDRESS (If rural give location) <u>Unknown</u>	
3. NAME OF DECEASED: (First) <u>William</u> (Middle) <u>H.</u> (Last) <u>Francis</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>1</u> <u>29</u> <u>1956</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED: <u>Married</u>	8. DATE OF BIRTH: <u>6/2/1888</u>
9. AGE last birthday <u>67</u> yrs.		IF UNDER 1 YEAR: Months <u>1</u> Days <u>29</u> Hours <u>1</u> Min. <u>56</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Steamfitter</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>None</u>	
11. BIRTHPLACE (State or foreign country): <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>James Francis</u>		14. MOTHER'S MAIDEN NAME: <u>Mary Martha Lily</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>Yes</u> (If Yes, give war or dates of service) <u>WW1</u>		16. SOCIAL SECURITY NO. <u>103-03-2757</u>	
17. INFORMANT & ADDRESS: <u>Bessie Francis Goldsboro, Md.</u>			
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>420.1</u> IMMEDIATE CAUSE (A) <u>Coronary Occlusion</u> ANTECEDENT CAUSE (S) DUE TO <u>Arteriosclerosis</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) <u>?</u> (C) <u>none</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs.</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>none</u>			
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/29/1956</u> to <u>12/29/1956</u> that I last saw the deceased alive on <u>1/29/1956</u> and that death occurred at <u>1100</u> M, from the causes and on the date stated above. SIGNATURE <u>J. E. Boulaie</u> M. D. <u>md</u> ADDRESS <u>Greensboro, Md.</u> DATE SIGNED <u>1/31/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2/1/56</u>	
NAME OF CEMETERY OR CREMATORY <u>Greensboro</u>		LOCATION (City, town, or county) (State) <u>Greensboro, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>1/31/56</u>		REGISTRAR'S SIGNATURE <u>J. E. Boulaie</u>	
24. FUNERAL DIRECTOR <u>J. E. Boulaie</u>		ADDRESS <u>Greensboro, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 3 1956

RECEIVED

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00403

499
CERTIFICATE OF DEATH

Reg. Dist. No. 67

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Caroline</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Talbot</u>
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <u>Hillsboro</u>	<u>6 Mos.</u>	TOWN <u>Cordova</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>John</u> (Middle) <u>Westley</u> (Last) <u>Kellum</u>		(Month) <u>1</u> (Day) <u>3</u> (Year) <u>1956</u>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
<u>Male</u>	<u>Col.</u>	<u>Widowed</u>	<u>6/27/1865</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
<u>Laborer</u>		<u>Farm (tenant)</u>	<u>Maryland</u>
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<u>Unknown</u>		<u>Unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
<u>no</u>		<u>NONE</u>	
17. INFORMANT & ADDRESS		18. MEDICAL CERTIFICATION	
<u>Mrs. Grace Kellum, Easton, Md.</u>		I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331x IMMEDIATE CAUSE (A) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSE(S) DUE TO (B) <u>Cerebral arteriosclerosis</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Chronic emphysema of the lungs</u> 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....M., from the causes and on the date stated above. SIGNATURE <u>Ann Leary</u> M.D. ADDRESS <u>Chesapeake Md</u> DATE SIGNED <u>1/6/56</u> 23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) <u>Burial</u> <u>1/6/55</u> <u>Trappe Cemetery</u> <u>Easton, Md.</u> 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAN 10 1956</u> <u>Mrs. S. O. George</u> <u>James B. Doshell, Easton, Md.</u>	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: This law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

CERTIFICATE OF DEATH

FILE NO.

DATE OF DEATH

PLACE OF DEATH

BUREAU V. S.

JAN 10 1956

RECEIVED

410

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Caroline</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Hedges</u>		LENGTH OF STAY (in this place) <u>5 yrs</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Hedges</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) <u>EMMETT</u> (Middle) <u>EDWARD</u> (Last) <u>MESSINGER</u>				4. DATE OF DEATH: (Month) <u>JAN</u> (Day) <u>26</u> (Year) <u>1956</u>			
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH: <u>May 26, 1876</u>	9. AGE last birthday: <u>79</u> yrs.	10. IF UNDER 1 YEAR: Months Days Hours Min.		11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired. <u>Auto</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Auto</u>		11. BIRTHPLACE (State or foreign country): <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Liram Messinger</u>				14. MOTHER'S MAIDEN NAME: <u>Mary Jane Tefft</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO.: <u>no</u>		17. INFORMANT'S ADDRESS: <u>Mrs. Emmett Messinger</u>			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) <u>Arteriosclerotic Heart Disease</u>							
Antecedent causes (b) <u>Hypertension</u>							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 24, 1956</u> to <u>Jan 4, 1956</u> ; that I last saw the deceased alive on <u>Jan 4, 1956</u> ; and that death occurred at <u>Hedges, Md</u> from the causes and on the date stated above.							
SIGNATURE <u>Charles H. Hines</u>		(Date or title)		ADDRESS <u>Hedges, Md</u>		DATE SIGNED <u>1-28-56</u>	
13. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF <u>Jan 29, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Denton</u>		LOCATION (city, town, or county) (State) <u>Denton, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>1-28-56</u>		REGISTRAR'S SIGNATURE <u>Mary E. Laird</u>		24. FUNERAL DIRECTOR <u>J. Virgo Harrison</u>		ADDRESS <u>Denton, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 2 1956

BUREAU V. S.

411

00405

Reg. Dist.

No. 62

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u>	MARYLAND	STATE <u>Md</u>	COUNTY <u>Caroline</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Rural Denton</u>		CITY (If outside corporate limits write RURAL and give nearest town) TOWN <u>Rural Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Michael Morris</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED:		4. DATE OF DEATH	
(First) (Middle) (Last) <u>Michael Wayne Morris</u>		(Month) (Day) (Year) <u>Jan 14 1956</u>	
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>Oct 12 1955</u>
9. AGE last birthday: <u>3 mos.</u> yrs.		10. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY:	
11. FATHER'S NAME: <u>John Morris</u>		12. MOTHER'S MAIDEN NAME: <u>Isabelle D. Siler</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>no</u>		14. SOCIAL SECURITY No.: <u>17-114136</u>	
15. (If Yes, give war or dates of service)		16. INFORMANT & ADDRESS: <u>John Morris, Denton Md</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
Immediate cause (a) <u>Pulmonary Edema</u>		<u>2 hr</u>
DUE TO		
Antecedent cause(s) (b) <u>Pneumonia & Infarction</u>		<u>4 hr</u>
DISEASES OR CONDITIONS, if any, giving rise to the above cause stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE <u>Lawson D. George</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>1/14/56</u> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	DATE THEREOF <u>1-15-56</u>	NAME OF CEMETERY OR CREMATORY <u>Trinity Churchyard</u>
DATE REC'D BY LOCAL REG. <u>1/14/56</u>	REGISTRAR'S SIGNATURE <u>John D. George</u>	24. FUNERAL DIRECTOR <u>J. Wesley</u>
		ADDRESS <u>Trinity Churchyard</u>

RECEIVED
JAN 19 1956
BUREAU V. S.

412

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH.				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Caroline</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Caroline</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Denton - Rural</u>		Life		OR TOWN <u>Denton - Rural</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Tuckahoe Neck</u>				STREET ADDRESS (If rural give location) <u>Tuckahoe Neck</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
<u>James Washington Murray</u>				<u>January 3 1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Male	Colored	Married	February 2, 1884	71 yrs.	Months	Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Farm laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Farming</u>		11. BIRTHPLACE (State or foreign country): <u>Denton, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME: <u>John D. Murray</u>				14. MOTHER'S MAIDEN NAME: <u>Mary C. Goldsborough</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>218-10-4203</u>		17. INFORMANT & ADDRESS: <u>Evelyn C. Murray, Denton, Md., R.F.D.</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Cerebral Lemonthage</u>						6 mo.	
ANTECEDENT CAUSE (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 4, 1957</u> , to <u>Jan. 3, 1956</u> , that I last saw the deceased alive on <u>Jan 2, 1956</u> , and that death occurred at <u>11:30 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Dr. Paul Smith</u>		M. D. <u>Denton Md</u>		DATE SIGNED <u>Jan. 4, 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Jan. 8, 1956</u>		<u>Bell's Chapel Cemetery</u>		<u>Near Denton, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>1/7/56</u>		REGISTRAR'S SIGNATURE <u>Mr. O. George</u>		24. FUNERAL DIRECTOR		ADDRESS	
				<u>J.J. Frampton and Son, Federalsburg, Md.</u>			

MARGIN RESERVED FOR BINDING

VS. A15 - 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BOHANNON V. S.

413

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Caroline</u>
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
<input checked="" type="checkbox"/> TOWN <u>Rural Ridgely</u>	<u>4 Months</u>	OR TOWN <u>Rural Federalburg</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		STREET ADDRESS (If rural give location) <u>None</u>	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <u>Charles</u>	(Middle) <u>P.</u>	(Last) <u>Prattis</u>	(Month) <u>1</u> (Day) <u>7</u> (Year) <u>1956</u>
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>Col.</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH: <u>8/25/1882</u>	
9. AGE last birthday <u>73</u> yrs.		10. IF UNDER 1 YEAR: Months <u></u> Days <u></u> Hours <u></u> Mtn. <u></u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>None</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME: <u>Isaac Prattis</u>		14. MOTHER'S MAIDEN NAME: <u>No Record</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT & ADDRESS: <u>Denton, Md.</u>		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <u>Cerebral Hemorrhage</u>			
ANTECEDENT CAUSE (B) <u>Cerebral & General Arteriosclerosis</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 17, 1955</u> to <u>Jan. 7, 1956</u> that I last saw the deceased alive on <u>Jan. 6, 1956</u> , and that death occurred at <u>5 P.</u> M. from the causes and on the date stated above. <u>1/9/56</u>			
SIGNATURE <u>Edgar H. Freeman</u>		M. D. <u>Freeman, Caroline</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1/10/56</u>	
NAME OF CEMETERY OR CREMATORY <u>Denton</u>		LOCATION (City, town, or county) (State) <u>Denton, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>1-10-56</u>		REGISTRAR'S SIGNATURE <u>Mary G. Laird</u>	
24. FUNERAL DIRECTOR <u>J. E. Boulois</u>		ADDRESS <u>Greenboro, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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414

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u> MARYLAND	STATE <u>Md</u> COUNTY <u>Caroline</u>		
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Hillsboro</u> LENGTH OF STAY (in this place) <u>20 years</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Hillsboro</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)		
3. NAME OF DECEASED: (Type or Print) <u>Lizzie</u> (First) <u>Pritchett</u> (Middle) <u>Ann</u> (Last)		4. DATE OF DEATH: <u>Jan</u> (Month) <u>15</u> (Day) <u>1956</u> (Year)	
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>Aug 8</u> 1883 <u>72</u> yrs. Months Days Hours Min.
9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.		10. USUAL OCCUPATION, Give kind of work done during most of working life, even if retired: <u>et leave</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Frank Matthews</u>		14. MOTHER'S MAIDEN NAME: <u>Molly Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.: <u>None</u>	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS: <u>Emory Pritchett - Hillsboro Md -</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death	
450.0 Immediate cause (a) <u>arterio sclerosis</u>		4 years.	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO			
(c)			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
SUICIDE	INJURY		
HOMICIDE			
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
	m.		
22. I hereby certify that I attended the deceased from <u>Feb 9</u> , 19 <u>54</u> , to <u>Jan 15</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 4</u> , 19 <u>56</u> , and that death occurred at <u>9 pm</u> , from the causes and on the date stated above.			
SIGNATURE <u>Paul Korth</u> (Degree or title) <u>MD</u>		ADDRESS <u>Benton Md</u> DATE SIGNED <u>1-17-56</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>Jan 18</u>	<u>Seabrook</u>	<u>Hillsboro</u>
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>1/18/56</u>	<u>MD George J. Virgil</u>	<u>Woods & Sons</u>	<u>Benton</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WILLIAM V. S.

JAN 20 19

RECEIVED

415

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 62

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u> MARYLAND	STATE <u>Del.</u> COUNTY <u>F</u>		
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Rural Denton</u>	CITY (If outside corporate limits write RURAL and give nearest town) TOWN <u>Rehoboth Del.</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH	
(First) <u>Sally</u> (Middle) <u>Edith</u> (Last) <u>Scott</u>		(Month) <u>Jan</u> (Day) <u>29</u> (Year) <u>1956</u>	
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Mar</u>	8. DATE OF BIRTH: <u>Mon 30 1915</u>
9. AGE last birthday: <u>40</u> yrs.		10. BIRTHPLACE (State or foreign country): <u>Ind</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>at home</u>	
11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Wm Beauchamp</u>		14. MOTHER'S MAIDEN NAME: <u>Bessie Powell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY No.: <u>—</u>	
17. INFORMANT & ADDRESS: <u>Robert Scott</u>		18. MEDICAL CERTIFICATION	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Fractured Cervical Vertebrae</u>	DUE TO	<u>Immediate</u>
Antecedent cause(s) (b) <u>Internal Injuries</u>	DUE TO	<u>Immediate</u>
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	

21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY <u>Highway</u>	21c. (City or town) (County) (State) <u>Rural Denton Caroline Ind</u>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>1-29-56 9:25 A.M.</u>	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile Accident - Car turned over</u>

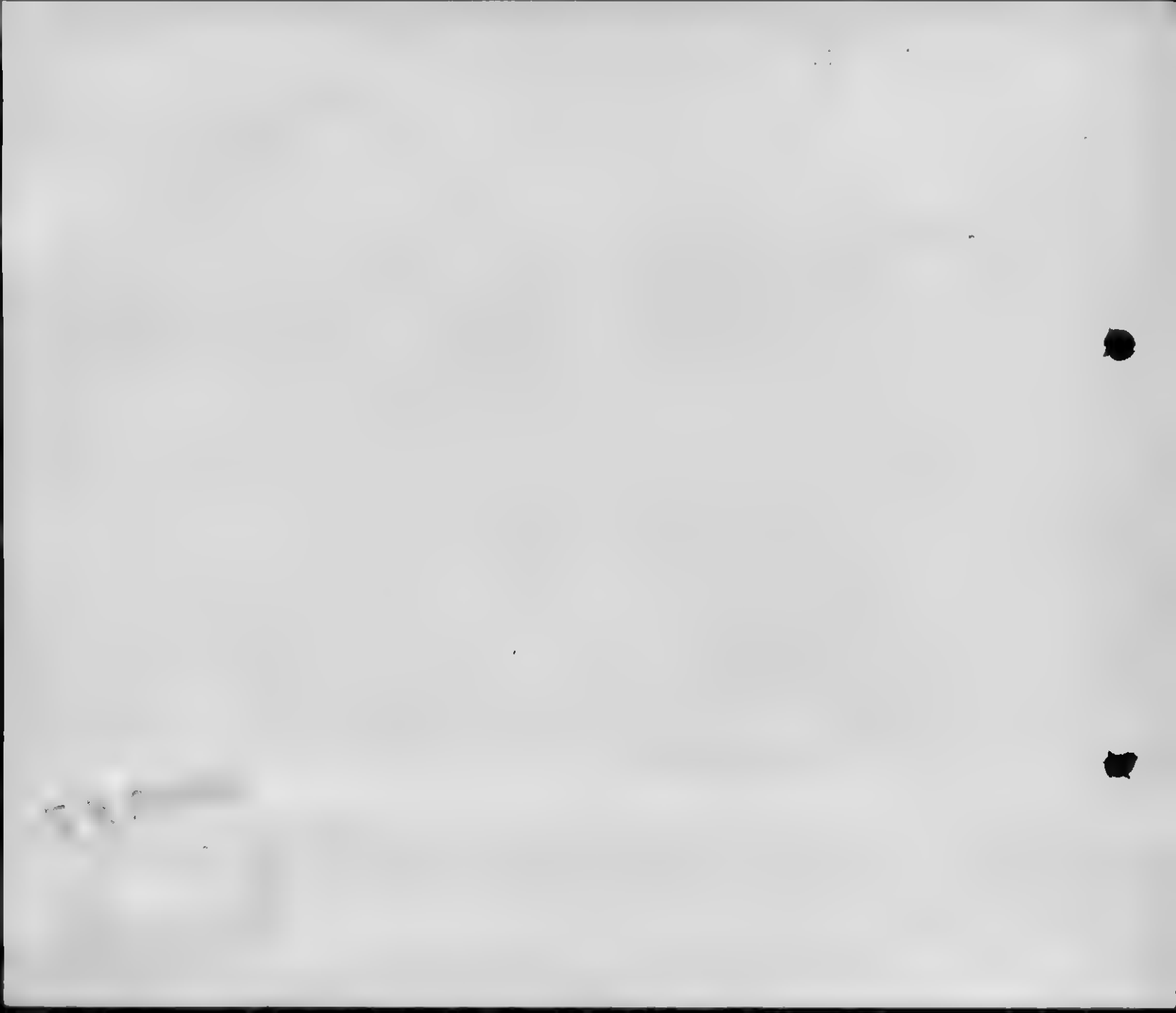
22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Wm D. George M. D. Jewes CHIEF MEDICAL EXAMINER ☐ DATE SIGNED 1/29/56
DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. Wm D. George

23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	DATE THEREOF <u>1-31-56</u>	NAME OF CEMETERY OR CREMATORY <u>Presbyterian</u>	LOCATION (City, town, or county) (State) <u>Rehoboth, Delaware</u>
DATE REC'D BY LOCAL REG. <u>1/29/56</u>	REGISTRAR'S SIGNATURE <u>Wm D. George</u>	24. FUNERAL DIRECTOR <u>Melton Funeral - Home Rehoboth Del</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



416

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Federalburg</u> LENGTH OF STAY (in this place) <u>10 years</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Academy Avenue</u>		STATE <u>Maryland</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Federalburg</u> STREET ADDRESS (If rural give location) <u>Academy Avenue</u>	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year)	
(Type or Print) <u>Martin</u> <u>Wheatley Jr.</u> 5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u> 8. DATE OF BIRTH: <u>September 3, 1980</u> 9. AGE last birthday IF UNDER 1 YEAR: <u>75</u> yrs. Months Days Hours Min.		4. DATE (Month) (Day) (Year) OF DEATH <u>January 11 1956</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Day Laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Timber Cutter</u>	
11. BIRTHPLACE (State or foreign country): <u>Dorchester County, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Martin Wheatley</u>		14. MOTHER'S MAIDEN NAME: <u>Rittie Short</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO: <u>413-22-7869</u>	
17. INFORMANT & ADDRESS: <u>Mrs. Louise Travers, Federalburg, Md.</u>			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>Coronary Thrombosis</u>		<u>5 MIN</u>	
ANTECEDENT CAUSE (S) (B) <u>Arteriosclerosis</u>		<u>?</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-11, 1956</u> , to <u>1-11, 1956</u> , that I last saw the deceased alive on <u>1-11, 1956</u> and that death occurred at <u>3:15 PM</u> , from the causes and on the date stated above.			
SIGNATURE <u>[Signature]</u> M. D. <u>Federalburg, Md.</u> DATE SIGNED <u>January 13, 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan. 14, 1956</u>	
NAME OF CEMETERY OR CREMATORY <u>Last New Market Cemetery</u>		LOCATION (City, town, or county) (State) <u>East New Market, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Jan. 13, 1956</u>		REGISTRAR'S SIGNATURE <u>Margaret H. Frampton</u>	
24. FUNERAL DIRECTOR <u>J.J. Frampton and Son, Federalburg, Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

22-11-11

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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417
CERTIFICATE OF DEATH

Items 1, 7, Filing 1-1-56 et

Reg. Dist. No. 62

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Caroline</i>		STATE <i>MARYLAND</i>		STATE <i>Penn</i>		COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
TOWN <i>Stillsboro.</i>				TOWN <i>Media</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
<i>Clifford Widdoes</i>				<i>Jan 10 1956</i>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	10. IF UNDER 1 YEAR		11. IF UNDER 24 HRS.
<i>Male</i>	<i>American</i>	<i>Married</i>	<i>July 8th 1871</i>	<i>74</i> yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY	
				<i>Penn</i>		<i>U.S.A.</i>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<i>William H. Widdoes</i>				<i>Mattie Gilmore</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				<i>Nelson Rigby Media</i>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				<i>Ad. P. Pneumonia</i>			
IMMEDIATE CAUSE (A)				<i>Coronary occlusion</i>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				<i>Arteriosclerosis</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 10</i> , 19 <i>56</i> , to <i>Jan 10</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>Jan 10</i> , 19 <i>56</i> , and that death occurred at <i>4p.</i> M., from the causes and on the date stated above.							
SIGNATURE <i>E. Paul Kustis</i>				ADDRESS (Street, city, town, state) <i>Winton Md</i>		DATE SIGNED <i>Jan 10 - 1956</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>Jan 14th 56</i>		<i>Glennwood Cemetery</i>		<i>Media Penna.</i>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<i>1/10/56</i>		<i>Wm D O George</i>		<i>J. Virgil Moore</i>		<i>Law's Denton</i>	

418

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Caroline</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Caroline</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Federalburg - Rural</u>		Life		OR TOWN <u>Federalburg - Rural</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Near Oak Grove</u>				STREET ADDRESS (If rural give location) <u>Near Oak Grove</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
(Type or Print) <u>Ernie Willis Willin</u>				OF DEATH: <u>January 1 1956</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	10. UNDER 1 YEAR	11. UNDER 24 HRS.	
<u>Female</u>	<u>White</u>	<u>Widowed</u>	<u>October 16, 1870</u>	<u>85</u> yrs.	Months	Days	Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housework</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		11. BIRTHPLACE (State or foreign country): <u>Sussex County, Delaware</u>	
13. FATHER'S NAME: <u>Joshua Baker Bryan</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>Mrs. James M. Harper, Seaford, Del., RFD</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A)			<u>Brunchopneumonia</u>			<u>10 days</u>	
ANTECEDENT CAUSE (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						<u>Chronic myocarditis</u>	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 15, 1955</u> to <u>1/1, 1956</u> , that I last saw the deceased alive on <u>1/1, 1956</u> , and that death occurred at <u>12:15 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Jim Anderson</u>		M.D. <u>Federalburg, Md.</u>		DATE SIGNED <u>Jan. 3, 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan. 4, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		LOCATION (City, town, or county) (State) <u>Near Federalburg, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Jan. 4, 1956</u>		REGISTRAR'S SIGNATURE <u>Margaret H. Frampton</u>		24. FUNERAL DIRECTOR <u>J.J. Frampton and Son, Federalburg, Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDER

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: < please write the causes of death clearly and legibly.

S. A. JONES

3 Nov

7 A.M. 1941

419

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Caroline</i>	MARYLAND	STATE <i>Maryland</i>	COUNTY <i>Caroline</i>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rural Denton</i>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rural Denton</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (Type or Print) <i>FRANCES (First) MARGARET (Middle) WOOD (Last)</i>		4. DATE OF DEATH: <i>JAN 18 1956</i>	
5. SEX: <i>F</i>	5. COLOR OR RACE: <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>Married</i>	8. DATE OF BIRTH: <i>Mar 8, 1885</i>
		9. AGE last birthday: <i>70</i> yrs.	10. IF UNDER 1 YEAR: <i>Months</i> <i>Days</i> <i>Hours</i> <i>Min.</i>
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>Home</i>	
11. BIRTHPLACE (State or foreign country): <i>Pennsylvania</i>		12. CITIZEN OF WHAT COUNTRY: <i>USA</i>	
13. FATHER'S NAME: <i>Peter Bach</i>		14. MOTHER'S MAIDEN NAME: <i>unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: <i>---</i>	
		17. INFORMANT & ADDRESS: <i>Cur. Chas. Wood Sr., Denton, Md.</i>	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <i>331X</i>		(a) <i>Cerebral hemorrhage</i>	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.		(b) <i>Hypertension</i>	
		(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb. 24</i> , 19 <i>56</i> , to <i>Jan. 18</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>Jan. 18</i> , 19 <i>56</i> , and that death occurred at <i>9:20 pm</i> , from the causes and on the date stated above.			
SIGNATURE <i>E. Paul Knott M.D.</i>		DATE SIGNED <i>Jan. 20, 1956</i>	
23. BURIAL, CREMATION, REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORY	
DATE THEREOF <i>Jan 21, 1956</i>		LOCATION (City, town, or county) (State) <i>Cordova, Maryland</i>	
DATE REC'D BY LOCAL REGISTRAR <i>1/20/56</i>		REGISTRAR'S SIGNATURE <i>Wm O George</i>	
		24. FUNERAL DIRECTOR <i>J. Virgil Moore & Son, Denton, Md.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 24 1956

RECEIVED

420
CERTIFICATE OF DEATH

Reg. Dist. No. 64.....

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Caroline</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Federalsburg - Rural</u>		<u>2 days</u>		OR TOWN <u>Federalsburg - Rural</u> X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Denton Road</u>				STREET ADDRESS (If rural give location) <u>Denton Road</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
<u>William Edward Woods</u>				<u>January 10 1956</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
<u>Male</u>	<u>Colored</u>	<u>Single</u>	<u>January 8, 1956</u>		<u>2</u>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Infant</u>			10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?
					<u>Easton, Maryland</u>		<u>U.S.A.</u>
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>William Richards</u>				<u>Annie Woods</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.		17. INFORMANT & ADDRESS:			
<u>No</u>		<u>None</u>		<u>Annie Woods, Federalsburg, Md., R.F.D.</u>			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) DUE TO <u>Aspiration Pneumonia</u>							<u>4 hrs.</u>
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(B) DUE TO <u>Prematurity (36 wks)</u>							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<u>0</u>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County)	(State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/10, 1956</u> to <u>1/10, 1956</u> , that I last saw the deceased alive on <u>1/10, 1956</u> , and that death occurred at <u>9:15 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Frank M. Anderson</u>		M. D. <u>Federalsburg, Md.</u>		DATE SIGNED <u>Jan. 13, 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)			
<u>Burial</u>		<u>Jan. 14, 1956</u>	<u>Federal Hill Cemetery</u>	<u>Federalsburg, Maryland</u>			
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>Jan. 13, 1956</u>		<u>Margaret H. Frampton</u>		<u>J.J. Frampton and Son, Federalsburg, Md.</u>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 18 1956

RECEIVED